

STATE OF COLORADO

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Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

Designation Review Committee Meeting Minutes May 1, 2014

CDPHE Staff: Grace Sandeno, Margaret Mohan, Randy Kuykendall, Eileen Shelby and Crystal Cortes

In Person: NA

Via Telephone: Mike Archuleta, Peggy Berkey, Mary Shelton, Tim Gray, Melissa Tuohy, Dr. Koelliker, Nancy Frizell, Randall Koehn and Dana Knerl

Roll Call/Call to Order: 4:00 PM

Members	Serving as:	In Person	By Phone	Absent
Misty Sakala	Trauma Nurse Coordinator		X	
Edward Lopez	General Surgeon Level III		X	
John Hall	Prehospital/EMS Provider		X	
Eugene Eby	Emergency Physician		X	
Eric Schmidt	RETAC Rep		X	
Charles Mains	General Surgeon		X	
Phyllis Uribe	Trauma Nurse Coordinator		X	
Jeff Beckman	Emergency Physician		X	
Patti Thompson	Health Care Facility Admin		X	

Organizational Issues:

- Quorum established
- Minutes from November 7, 2013, meeting; motion to accept as written – Motion by Phyllis Uribe, 2nd Misty Sakala, passed unanimously.

Trauma Program Report:

- St. Anthony Breckenridge Community Clinic
- St. Mary-Corwin Medical Center
- Gunnison Valley Hospital
- Pagosa Springs Medical Center

Each of these facilities received an automatic recommendation as a Level III, IV or V trauma center by having no deficiencies and no criteria met with reservations in recent reviews.

DRC Recommendations - See page 2

Next Meeting: Thursday, June 5, 2014, 4 pm – 5:00 pm, CDPHE, Room: C1E

Facility	Review Results/ Review Team Recommendation	Motion	W/POC	W/RR	Second	Abstain	Outcome
The Memorial Hospital at Craig	Discussion: In preparation for the discussion of the Telluride Hospital District review (below), staff reviewed all Level IV and V reports for the past three years and compiled a list of any facility having quality improvement criteria that were either not met or met with reservations. Staff also tracked what the DRC recommendation and the department action was for each facility. In the past three years, a re-review has not been recommended for facilities having only one QI criteria determined to be met with reservation. Re-reviews have been required for any facility having a QI issue that was determined to be not met.						
	Motion: A motion was made by Gene Eby to allow CDPHE staff to visit the facility instead of a re-review, 2 nd by Patti Thompson. If staff reports back to the committee that the visit was not successful then a re-review will be necessary.	Eby	Yes	No	Thompson	Schmidt Hall	Passed
Telluride Hospital District	<p>Current Review: April 1, 2014</p> <p>The following issues were identified through the review process:</p> <p>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION – 9. A quality improvement program as defined in Section 304. All designated Level III –V trauma centers shall have an organized, trauma quality improvement program that demonstrates a plan, process and accountability for continuous quality improvement in the delivery of trauma care. It is the responsibility of the trauma medical director in coordination with the trauma nurse coordinator to oversee the program. The plan should address the criteria as described in 6 CCR 1015-4, Chapter 3, 308.</p> <p>Reviewers Comments: Lack of problem identification and action plan. Unable to follow loop closure due to lack of documentation.</p> <p>Met with Reservations: A. HOSPITAL ADMINISTRATION AND ORGANIZATION 9. A quality improvement program...The process should include the elements as described in 6 CCR 1015-4, Chapter 3, 308.</p> <p>Reviewers Comments: Prehospital care not reflected in PI minutes, should integrate into the facility QI process. Problem identification and documentation is lacking, need more in depth review of potential identified problems. Send cases for outside review?</p> <p>Not Met: A. HOSPITAL ADMINISTRATION AND ORGANIZATION- 9. A quality</p>						

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	<p>improvement program... Accountability can be demonstrated by meeting criteria as described in 6 CCR 1015-4, Chapter 3, 304.B.1.</p> <p>Reviewers Comments: Lacking throughout chart review. Need to provide clear documentation if patient met TTA and response time, this was suggested at the previous survey and no change. Revise trauma flow sheet.</p> <p>Not Met: C. FACILITIES/RESOURCES/ CAPABILITIES- 1. Emergency Department with: a. Physicians who are credentialed by the facility to provide emergency medical care and maintain current Advanced Trauma Life Support (ATLS) verification.</p> <p>Reviewers Comments: One physician not in compliance with ATLS</p>						
	<p>Discussion: There was a lengthy discussion about the type and severity of the deficiencies seen at this clinic. Clinic staff members were present to answer questions and discuss the review results. There was additional discussion about what was consistent with historical practice. In addition, it was discussed that there is the possibility of having a staff member visit and check on the progress instead of a re-review. At the review the reviewers scored the scoring tool and discussed the results with the facility; the facility was able to show the reviewers the information they needed (but could not find), but the info was scattered and not easily accessible. The reviewers did not amend the scoring tool.</p> <p>Staff did an internal review on the all facilities within the last 3 years that had any QI issues and documented that a re-review was recommended when at least one QI rule was determined to be not met. The reviewers were not aware that sending staff out instead of a re-review was possible. CDPHE staff called and discussed with reviewers and they were both OK with allowing staff to do a visit instead of a re-review. Dr. Mains asked that the minutes reflect this discussion and rationale for a staff visit so that it is documented for future reference. A motion was made by Patti Thompson to stay with the re-review; the motion died as there was no second.</p>						
	<p>Motion: Designate with plan of correction and a review by the staff.</p> <p>*If the follow-up review by staff is not successful a re-review is required.</p>	Uribe	Yes	*	Eby	NA	Passed with one member opposed